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IN THIS ISSUE

The idea of introducing Hemi-Sync into eldercare environments has been discussed at the last four Professional Seminars. Now Debra D. Davis, a veteran counselor, has seized the opportunity to put the idea into practice. Judging by the results so far, Hemi-Sync has found yet another perfect niche in nursing homes.

BRIDGING THE COMMUNICATION GAP: HEMI-SYNC IN NURSING HOMES



by Debra D. Davis, MEd, LPC, LMFT

Debra D. Davis, MEd, joined The Monroe Institute's Professional Division in March 1995. She has maintained a private practice in Fort Worth, Texas, for twenty years as a licensed professional counselor and marriage and family therapist. Her primary counseling contract for the past ten years has been with the Parenting Center, whose clientele is a mixture of referrals from the Texas Department of Protective and Regulatory Services and Child Protective Services. Debra's accounts of Hemi-Sync's impact in therapeutic settings have enthralled audiences at three Professional Seminars. Over the last two years she has become a full-time counselor for members of the growing elderly population who reside in nursing homes. Debra's latest stories demonstrate that even the challenges of aging yield to Hemi-Sync.

BEGINNINGS

In early 1997 I started working in nursing homes. One of my fellow contract counselors at the Parenting Center was always saying, "Well, I'm off to see my little old ladies." As she was leaving one day I asked, "What is this little old lady stuff?" She explained that she would soon be a full-time nursing home counselor and that the majority of residents were female. I said, "Tell me more." It turned out that a company called GeroCare needed more counselors. After calling and interviewing, I still had a big question in my mind: could I handle the environment without passing judgment or fighting with staff over how people were treated? I surprised myself. I like the environment and I'm usually able to just be there and advocate appropriately. My occasional anger is directed toward getting problems corrected.

Many times I walk into a situation that is already chaotic. At those times, I just plug in the tape player and start *Concentration*. Before long, the atmosphere changes. Things come back into focus, the noise level drops, and staff and residents calm down. The residents begin to drift closer without knowing why. Smiling to myself, I go off to visit with my next client. Some of the homes play Hemi-Sync in the common areas, and problem behaviors have dramatically declined.

At first I was on call two days a week at three nursing homes. Even though a "day" may be fifteen hours long, it's more energizing than exhausting. As a licensed professional counselor I am paid by Medicaid. However, as a master's-level counselor, I am limited by Medicaid to thirty sessions per patient yearly. About midyear, I start "spot checking" and doing a paid session every other week.

Borderline personality disorders and bipolar cases really need more time. Applying for extra sessions means a stack of paperwork to explain that need to bureaucrats. Then they dole out one or two sessions and the whole frustrating process must be repeated.

THE CONTEXT

David Dickson, CEO of GeroCare, is also a licensed professional counselor. He has provided geriatric consultation to long-term care facilities since 1989 and founded the company in 1996. David was counseling at two nursing homes during downtime in his private practice, and when he recognized the enormous need, it occurred to him that designing a program whereby other professionals contracted to provide such a service could expand coverage exponentially. Within two years of that insight, GeroCare was serving fifty nursing homes in Texas. I came on board just as he got a contract for the second twenty-five. Under a two-year contract, I will be training GeroCare therapists, psychologists, and other staff members to utilize Hemi-Sync.

There are two versions of how David got into eldercare. His mom gave me the "heart version." David's widowed grandmother was very ill for the last five years of her life and lived with them for a while during the last two years when she couldn't cope independently. When his aunt burned out from being primary caregiver, Grandmother was placed in a nursing home. Family members were not allowed to spend the night. She lived a week and a half after being admitted and died alone. His mother felt that this event profoundly influenced David.

David's version starts with statistics. The overall population is undeniably aging. The frequency of depression among the elderly living at home is estimated at 40 to 60 percent. In a nursing home setting, excluding those with dementia, it soars to 70 to 90 percent. The traditional view saw aging as the end of adult development, and "warehousing" seemed logical. Back then, nursing home stays were fairly short. Now they may run from five to twenty years. Depression leads to withdrawal, staying in bed (which increases the risk of decubitus ulcers), behavior problems, and a generally lower quality of life. David thinks that on-site preventive measures to address depression alone will significantly reduce costs and improve the environment.

SUCCESS STORIES

A ninety-three-year-old woman was living independently in her own apartment. She got up one night to go to the bathroom and remembers nothing until she woke up in the hospital with a broken hip! She went directly from the hospital to the home. At first this woman had a private room. She had some physical therapy but still walked very bent over. Instead of socializing, eating in the dining room, or sitting in the front lobby with others, she withdrew. I saw her after she'd been there a month and had deteriorated into anxi-

ety and panic attacks. She talked fast and nonstop to keep me there. I explained that other people were waiting to see me but I would leave some special music to help her relax. I asked her to "test" the music and promised to return.

Over the next three hours I changed the tape or CD several times, ending with the *Inner Journey/Sleeping through the Rain* CD. The nurse told me to keep it up. The call light had not been on since I went in that morning, and it normally flashed several times an hour. Later, the resident came out into the hall and yelled, "Help! Help!" When the nurse ran down to her, she pointed to the boombox and said, "It stopped, and it was working!" It was just between songs. She had gotten so mellow that the absence of the soothing tones and music upset her.



Another resident in her late fifties has many psychiatric and physical issues. She took to Hemi-Sync right away and has five favorites. I occasionally offer others, but she's satisfied with her choices. She can sense when she is getting unbalanced and just listens to a Hemi-Sync tape for a while. Before, she had to sleep for days to overcome that shaky feeling and, maybe, avoid a full-blown emotional crisis. She has been elected president of the residents' council, does a little gardening, waters the plants, and is very nurturing toward others.

Glenda Green's tapes about the information she received while painting a portrait of Jesus have also been useful. The material is practical, universal, and free of religious bias. I used both Glenda's tapes and Hemi-Sync with another fifty-year-old with multiple physical and psychiatric problems. Her daughter had committed her to the state hospital because she went off the deep end with religion. For several months *METAMUSIC* worked well. Then her medications needed adjustment and she did a nosedive into borderline personality disorder. She raged constantly and reviewed past wrongs.

Finally, she started listening to a religious radio station with an apocalyptic slant. I thought that one of Glenda's tapes might introduce a bit of sanity. Well, over the weeks, something got through. Sometimes she fell asleep while the tape was playing. *Energy Walk* had been left with her for many weeks, and she finally listened to it the night before my last visit. Her whole countenance was different—more peaceful. She sheepishly said, "You know, I listened to that *Energy Walk* last night, and I really like it. Do you have more like that?" I responded, "As many as you want to try. I have them in my car trunk and will go get them now." She now has two more Hemi-Sync tapes and has almost finished Glenda's tapes. In order to have me advocate for her, she must present complaints differently. My prescription: listen to the tapes to get into a clear frame of mind and speak up concisely. The "medicine" seems to be working.

I furnish the tape players. They are \$15 Walkman® clones from Wal-Mart with headphones and continuous play—a rare feature at that price. Some people can't tolerate headphones. My search for a cheap, compact boombox with continuous play and a tape deck plus

CD capability has been unsuccessful. Space is also at a premium. If the rolling tray for food is uncluttered, I put my equipment there to introduce Hemi-Sync. I tell them it's some special sound stuff with music and ask them for their opinion. Some residents didn't like tapes with talking, but now that they know Hemi-Sync works, they'll try whatever I have.

One seventy-year-old man is quite angry with his wife for getting sick and admitting him to the home. He was a sailor in World War II, and his incredible prejudice causes certain aides to avoid him. I've tried to convince him that when one entire side of your body won't work and you are dependent on people for care, it is desirable to maintain productive communication. Interestingly, in the last few months he has taken to the Hemi-Sync. Old wounds and stroke damage cause this man a lot of pain. He listens at night to manage the pain and sleep better. *METAMUSIC Midnight* is a favorite because it's light jazz and reminds him of drinking at the VFW gatherings. Glenda's tapes are helping him with a spiritual crisis: he's not sure he believes in anything. Now he drives the social worker crazy changing batteries.

A woman in her eighties is in a "cosmetically" nicer home, although all of them are basically the same. She was evidently pampered by her deceased husband. Problems with her daughter and conflict between her daughter and granddaughter cause her anxiety and tension. When she said, "I can't believe things like this can happen to people like us," it gave me a clue. I selected *Surf* for her. At the beginning she insisted that she couldn't hear it. I shrugged and said, "Don't work at trying to hear it." Each time, she was fast asleep within five minutes. The nurse said, "Whatever that is, I've got to have some," and bought one for the resident and one for herself. She had just moved to Texas from Florida and missed the ocean.

Another resident has emphysema. She is on oxygen and struggles for each and every breath. I suspected that headphones would be irritating and used my boombox instead. She got instant relief, calmed down, and her breathing eased a bit. Attempts to persuade the family to acquire a tape player garnered a dictating cassette recorder with a mono speaker in the back. I popped in a *METAMUSIC* tape anyway. She cradled the player to her like a stuffed toy and it seemed to work. Maybe her brain "remembered" the stereo effect because she heard it first. This woman really took to the Wal-Mart autoreverse cassette player. The staff had been neglectful about turning the tape for her, despite my urging.

I received a profound lesson from a Hispanic woman whose stroke had paralyzed one whole side. She sat in the front lobby each day, looking out the window and crying—behavior that didn't help the general atmosphere. I would plug in my boombox, start the Hemi-Sync, and pull up a chair. She had cleaned houses for a living and had purchased a nice house where her daughter and grandchildren were now living. She was confused and so sad. As Medicaid's

thirty-session limit drew near, I dropped back to checking on her every other week. In the meantime, she suffered a massive coronary and died in the dining room. When I learned of this, it dawned on me—who cares if the session isn't covered? Check on all of them every week, if only for eye contact and heart-to-heart communication. Let them know someone cares. This lady enjoyed that time with Hemi-Sync and me. Hemi-Sync assists patients with speech and occasional bursts of clarity that give insights into their thoughts and needs.

One woman's loneliness was intensified by memory loss and confusion. She couldn't remember the names of her four children and ten minutes after one of her niece's infrequent visits had forgotten the event. On bad days, she calmed down with Hemi-Sync, contact, and reminiscing. Interestingly, listening to Hemi-Sync seemed to trigger positive and nurturing memories.

I was called in during a time of decision for a sixty-year-old man who was wasted away from a life with hard drugs. He couldn't quite understand that hospice was for assisting the dying process, not for heroic rescues. His family had already provided a tape player, and I started *Super Sleep* at once. He was in excruciating pain and dramatically sleep deprived. Pain relief was almost instantaneous and he slept immediately. I used only *Super Sleep* and *Concentration* because he couldn't tolerate words or music. I saw him three times, then educated the hospice team to Hemi-Sync

with a demo and literature. I later overheard hospice caregivers discussing the challenge of insuring a medication level that would keep the patient pain-free. I approached the issue from another angle while playing Hemi-Sync at the nurses' station. The nurse got the point and even bought Hemi-Sync for herself and her family.

A coworker at the Parenting Center used the *SURGICAL SUPPORT SERIES* with great success. Later, she introduced *Pain Control* from that album to her mother, who was still hurting and sleepless three weeks postsurgery. Relief was rapid on both counts, but her mother grumbled, "It's just too easy." Now, two years later, Mom is living with her daughter and has become quite forgetful. She will do the tape to sleep and to relieve pain or restlessness when she is reminded. And she still protests that it's too easy!

Only one eighty-year-old woman actually introduces me as her counselor. I usually say that I'm "visiting" to avoid loaded terminology. Say "counseling," and a resident will say, "Well, I'm not crazy!" I spent weeks working up to a visit with this woman. She had been hospitalized and felt confused, isolated, anxious, and practically apologized for living. I started by taking dictation and writing to her family because not answering letters had bothered her. Making a list of family names and addresses in big, easy-to-read type got her motivated and now she's in the thick of nursing home activities.

I recently saw a resident in her late seventies. She was never married, and her family lives far away. She likes the home, but poor eyesight keeps her from reading and doing the needlework she has



loved for years. I set her up with *Masterworks* the next day. By noon, she was saying that she loved it. She put the tape in her dresser drawer at supper time and I had to explain that it was for everyone's use and she could borrow it from the Social Services office. She was reassured by that and by my promise of other tapes to try.

A resident in her fifties has a heart condition. Her rapid decline after a medication change alarmed the social worker. A long distance call to our consulting psychologists on Thursday night got medication recommendations, but she needed help immediately. This woman had cried frequently for days and wept throughout the evaluation. Although she had always been careless of her appearance, the degree of despair was frightening. I offered her *Remembrance* on Friday morning. Her demeanor was hopeless and skeptical. I was insistent. She claimed to have broken three cassette players. I said this is cheap, so break it, and showed her how to clip it onto her wheelchair tray. About ten minutes later she appeared mesmerized and *way* into it. She returned the tape player before lunch without comment. I found her attending an activity after lunch and asked for her opinion. She smilingly told me that she had relaxed and fallen asleep. Later, she was observed laughing and cutting up in the midst of yet another activity. Early that morning—when she was still down—she had resisted the social worker's offer to go shopping. The resident was joyful by midafternoon and shopped like crazy at the Dollar Store. To the social worker's delight, she even bought makeup!

A Hispanic male resident is very angry about his declining health and disabilities. He is either verbally abusive or ignores all attempts to engage him. A colleague tried to evaluate him and was shouted out of the room. That night I dreamed that the social worker and I took my boombox and Hemi-Sync in for this man's roommate. The roommate is practically frozen in position. The next morning, we acted on the dream. I left *Remembrance* playing. As we departed, the roommate was smiling and visibly relaxing. At least our "target" did not yell or protest the music. A subsequent walk-by and visual check revealed peace and quiet. About midafternoon my colleague returned for another interview attempt and the boombox. It was tuned to a radio station and the men had reverted to angry, yelling, and frozen. Unfortunately, it's not unusual for the cleaning staff to switch to something they prefer.

Hemi-Sync has been a bridge with another Hispanic resident. Each week we talk with the aid of an interpreter. At our second session, I introduced Hemi-Sync to alleviate her depression and frequent crying. Her daughter and granddaughter visit daily. After I explained about Hemi-Sync and the cheap cassette player, they brought one in the next day. I had ordered Hemi-Sync tapes in Spanish and now she asks for "Español" or "musica" when she feels agitated.

THE MISSION

GeroCare has a special orientation. We attempt to give residents a sense of belonging and being important to at least a couple of people. We also try to create a sense of purposefulness to fill the void left by the loss of their former roles. GeroCare makes recommendations to the nurses who pass them on to doctors as their trust and confidence in us increase.

Being there is easier for me than for the families because I've never known these people any other way. It's the comparisons that are so painful. By getting to know them fresh, I bring them the present and allow them to be present with me. I deal with and for them around what's on their minds right now and how to change the situation. The nursing home social workers are my primary source of referrals. Hemi-Sync is a real bonus. No one else has an intervention that can relieve pain noninvasively (without interfering with medications) and also calms the staff, residents, and visiting families.



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